

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Initiative Monthly Report

Name of Committee MISSISSIPPI FARM BUREAU REPRESENTATION  
BALLOTTED MEASURE POLITICAL ISSUE COMMITTEE  
 Address 6311 RIDGEWOOD ROAD, JACKSON MS 39211  
 Telephone 601-977-4205 Fax 601-977-4808  
 Director DAVID WAITE Treasurer WILLIAM DAVIS

RECEIVED

OCT 19 2010

Campaign Finance  
Secretary of State

DATESTAMP

☐ Check here if above is different from previous report
TYPE OF REPORT

September, 2010 Monthly Report (due 10<sup>th</sup> of following Month).....Mandatory  
 (Month)

\_\_\_\_ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ - 0 - + \$ 42,747.19	\$ 42,747.19	\$ 43,996.50
Total amount of disbursements	\$ 108,870.62 - 0 -	\$ 108,870.62	\$ 370,629.71
Total amount of cash on hand		\$ 492,484.37	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William Davis  
Signature of Director or Treasurer

10/18/10  
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.

Name of Candidate or Committee Balanced Measure Political Issue CommitteeReporting period SEPTEMBER 1, 2010 through SEPTEMBER 30, 2010

## ITEMIZED RECEIPTS

DURING THIS TIME PERIOD THE AVERAGE CONTRIBUTION WAS \$1 PER CONTRIBUTING FAMILY.

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee BALLOTTED MEASURE POLITICAL ISSUE COMMITTEE

Reporting period SEPTEMBER 1, 2010 through SEPTEMBER 30, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Farm Bureau Federation	9 / 1 / 10	\$ 110,199.84
Mailing Address		
P.O. Box 1972		
City, State, Zip Code		
Jackson, MS 39215		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Eminent Domain Petition		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
National Voter Outreach	9 / 20 / 10	\$ <13,045.56>
Mailing Address		
3621 Green Acres Drive		
City, State, Zip Code		
Carson City, NV 89705		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 193,592.63
Eminent Domain Petition		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Farm Bureau Federation	9 / 1 / 10	\$ 5,428.44
Mailing Address		
P.O. Box 1972		
City, State, Zip Code		
Jackson, MS 39215		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 11,716.34
Board of Directors Meeting		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$